

Name In Full

Certificate of Death

George Butler

Town

County

MARYLAND

Died at *Worton**Kent*

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

*Nov**13*

Age

*Dont Know**Kent Co Md**Laborer*

Male

*White*~~Married~~~~Widow~~~~Divorced~~~~Female~~*Colored*~~Single~~*Widower*Number of children living *5*

Husband

of

*Dont Know**154*

Father's

Name

*Dont Know*

Maiden Name

Mother's

*Dont Know*

Cause of

Primary

*Advanced Age*

How long sick

Death

Immediate

*General Debility*~~Accident, Suicide, Homicide~~

Reported by

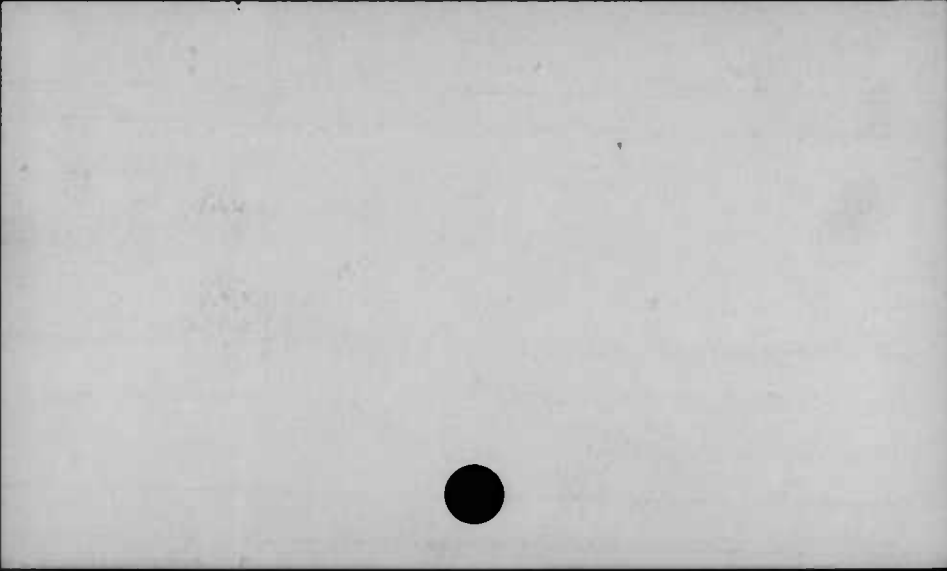
*John H. Messary MD*

Address

*Stanesville Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888



Name  
in  
Full

*Lydia Corcoran*  
Town *Chester*

CERTIFICATE OF DEATH

Died at

County

*Kent.*

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1902

*Nov.*

*14*

Age

*58.*

Sex

*Female.*

Color or  
Race

*Black.*

Birth-  
place

*Chester MD*

~~Married Single~~  
or Widowed

Occupation

*None*

Name of Wife or  
Husband

Father's  
Name

Father's  
Birthplace

Mother's  
Maiden Name

*Cecilia Reading*

Mother's  
Birthplace

Name of person giving  
Information

*Alfred Corcoran, Jr.*

How related  
to deceased

*Grand Son*

CAUSES OF DEATH

Primary

*Contracted Fever*

*179*

How long

*3 months*

Immediate

*Exhaustion*

How long

*2 weeks*

Are the name, age, sex, color, date  
and place correctly given above?

*yes.*

Signature of  
Physician

Address

*L. H. Thae and Mrs.  
Chester MD*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name in Full

Certificate of Death

William Rasin Gale

Died at <sup>Town</sup> Chesterstown <sup>County</sup> Kent

MARYLAND

Date 1902 <sup>Month</sup> Nov <sup>Day</sup> 11 <sup>Y.</sup> 4 <sup>M.</sup> 4 <sup>D.</sup> 4 Native of Kent Co. Occupation Laborer

Male

White

Married

Widow

~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

3

Husband of Annie S. StephensWife of John GaleMother's Name Sarah RasinCause of <sup>Primary</sup> Bright's Disease How long sick one yearDeath <sup>Immediate</sup> asthenia 120 Accident, Suicide, HomicideReported by H. L. Poole, M.D.Address Chesterstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

( Chester Cemetery )

Name in Full

Certificate of Death

Died at

Date 1902

Male

~~Female~~

Husband of

Father's Name

Cause of

Death

Primary

Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

John Gary

Town

Marshall

County

Kent

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Nov. 29

Age 63

Delaware

Married

~~Widow~~

Divorced

Single

~~Widower~~

Number of children living

0

Martha Lemons

Mother's

Maiden Name

Pneumonia

93

How long sick

7 days

Accident, Suicide, Homicide

Edward A. Scott, M.D.

Salina

Ga. X





Name In Full

Certificate of Death

James Johnson

Died at

Town

County

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

1902

Nov 18

Age

- - 1

Kent

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

1 day

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899



Name in Full

Certificate of Death

Died at *Brown Town* Town *Johnson* County *Kent* MARYLAND  
 Date 19*02* *Nov. 17* Month Day Y. M. D. Native of *W.D.* Occupation  
 Male *White* Married *Widow* Divorced  
 Female Colored Single Widower Number of children living

Husband of

~~Wife~~

Father's Name *Robert Johnson* Mother's Maiden Name *Martha Wilmer*

Cause of Primary

How long sick

Death Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

*Chas W Johnson*  
Town *Leesville* County *Ham.*

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death 1902,

Month

*Nov.*

Day

*24*

Years

Age

*—*

Months

*—*

Days

*—*

Sex

*Female.*

Color or  
Race

*White*

Birth-  
place

*Leesville*

Married, Single  
or Widowed

Occupation

*—*

Name of Wife or  
Husband

Father's  
Name

*Percy Johnson*

Father's  
Birthplace

*Ham Co.*

Mother's  
Maiden Name

*May L Cole.*

Mother's  
Birthplace

*2d Co.*

Name of person giving  
Information

*Percy Johnson.*

How related  
to deceased

*Father.*

CAUSES OF DEATH

Primary

*Accident.*

How long

*7 days.*

Immediate

*Labor.*

How long

Are the name, age, sex, color, date  
and place correctly given above?

*Yes.*

Signature of  
Physician

Address

*Chas W Johnson MD  
Leesville Maryland*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name In Full

Certificate of Death

Edgar Preston Joiner

Town

County

Rock Hall

Kent

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Nov 21

Age

4 4

Mala

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

167

Husband of

Wife

Father's Name

Mother's

Maiden Name

Edgar R. Joiner

Clatie Hubbard

Cause of

Primary

Burned

How long sick

1 day

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

W. O. Seely

MD

Address

Rock Hall

Kent

Es.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name *May Milton*  
 Died at *Smithville* <sup>Town</sup> *Kent* <sup>County</sup> **MARYLAND**  
 Date *1902* *Nov* *19* <sup>Month</sup> <sup>Day</sup> <sup>Y.</sup> <sup>M.</sup> <sup>D.</sup> *Age* *8* *6 yrs* <sup>Native of</sup> *Kent Co* <sup>Occupation</sup> *none*  
~~Male~~ *White* ~~Married~~ ~~Widow~~ ~~Divorced~~  
*Female* ~~Colored~~ *Single* ~~Widower~~ ~~Number of children living~~

Husband of

Wife

Father's Name *Robt B. Milton*

Mother's Maiden Name *Alice Plummer*

Cause of Death { *Primary* *Immediate* *Typhoid Fever* } *How long sick* *About 2 weeks*  
*1* ~~Accident, Suicide, Homicide~~

Reported by *John H. Deacy M.D.*

Address *Smithville Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Unione, ch

Name  
in  
Full

*Amanda Phillips*

CERTIFICATE OF DEATH

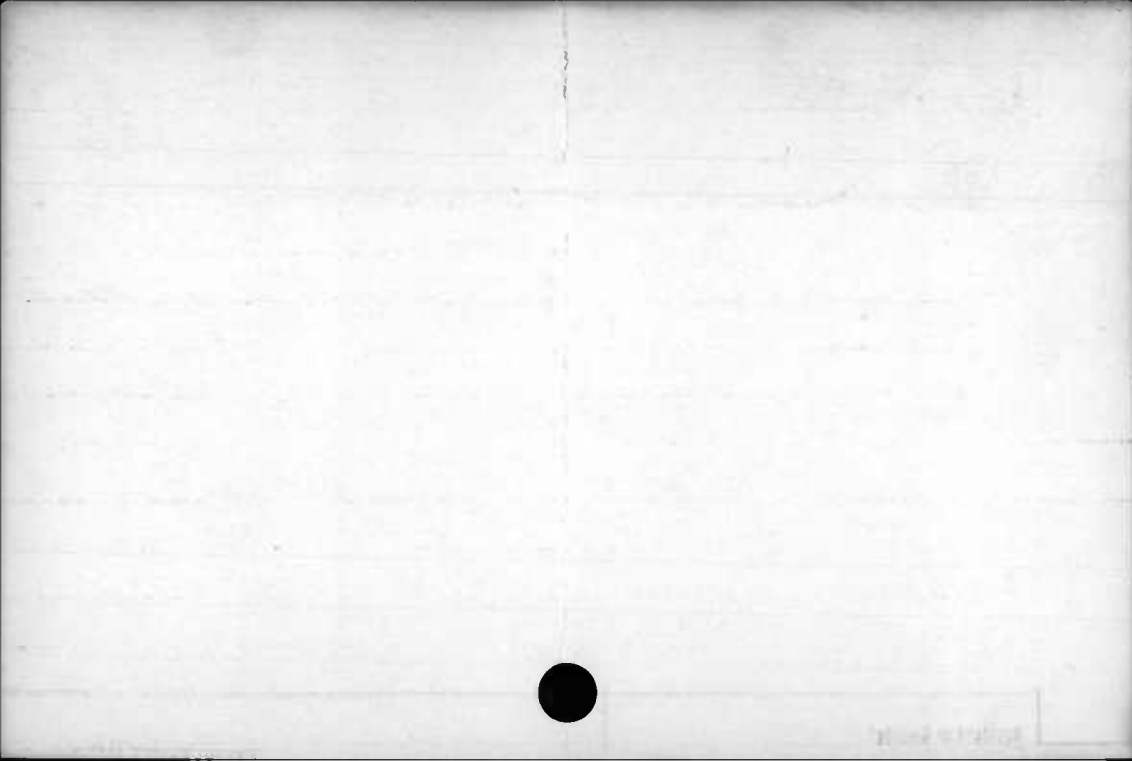
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Morton Point</i>		County <i>Kent</i>		MARYLAND	
Date of death 1902	Month <i>Nov</i>	Day <i>22</i>	Age	Years	Months	Days <i>8</i>	
Sex <i>Female</i>		Color or Race <i>Col</i>		Birth- place <i>Morton Point</i>			
Married, Single or Widowed				Occupation <i>None</i>			
Name of Wife or Husband							
Father's Name <i>Louis Phillips</i>				Father's Birthplace <i>Kent Co Md</i>			
Mother's Maiden Name <i>Audie Womble</i>				Mother's Birthplace <i>Kent Co Md</i>			
Name of person giving In formation <i>Elbert Phillips</i>				How related to deceased <i>Cousin</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		How long	
Immediate <i>Spoasmi</i>		How long <i>one day</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>John H. Hesseley M.D.</i>	
		Address <i>Stanesville Md.</i>	
Accident or Suicide?			



### Certificate of Death

Benj. Pratt

Died at <sup>Town</sup> *North Face* <sup>County</sup> *12 ent* — *Ca* MARYLAND

Month		Day	Y.	M.	D.	Native of		Occupation
Date 19	02	Nov.	20.	Age	10-1-3			
Male	White	Married		Widow		Divorced		
Female	Colored	Single		Widower		Number of children living		

Husband of

Wife

Father's Name John Pratt Mother's Maiden Name Minnie Thompson

Cause of	Primary	Typhoid fever	How long sick	23 days
Death	Immediate	Exhaustion	Accident, Suicide, Homicide	

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79838



Name  
in  
Full

Susie Rasin

CERTIFICATE OF DEATH

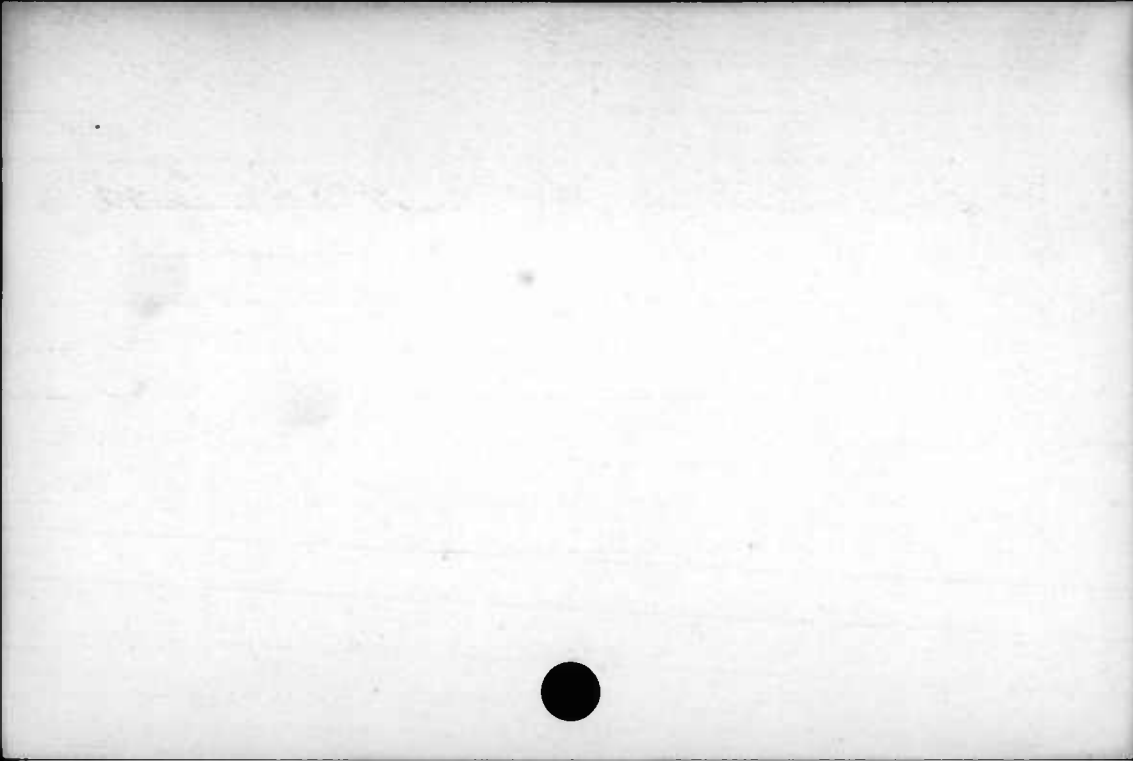
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hester</i> Town		County <i>Kent.</i>		MARYLAND	
Date of death 190 <i>2</i> Month <i>Nov.</i>	Day <i>10.</i>	Age <i>48.</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>Black.</i>	Birth-place <i>Hester</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>House maid</i>			
Name of Wife or Husband <i>Jacob Rasin</i>					
Father's Name <i>John Anderson.</i>			Father's Birthplace <i>Kent Co Md.</i>		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Jacob Rasin</i>			How related to deceased <i>Niece</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Diabetes</i>	<i>50</i>	How long <i>2 mo</i>
Immediate <i>Coma</i>		How long <i>10 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Chas St Whalens MD</i>	Address <i>Hestertown Md</i>
Accident or Suicide? <i>No</i>		





Name  
in  
Full

Benjamin D. Reed

CERTIFICATE OF DEATH

7-1824

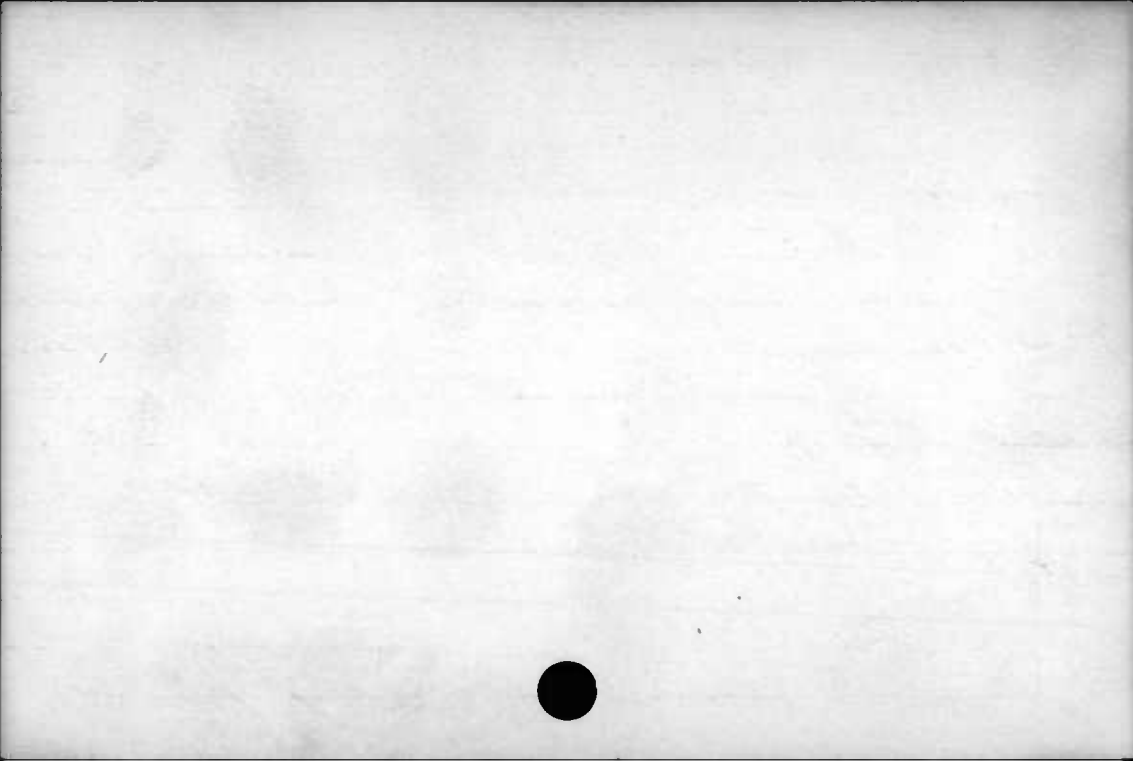
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Chestertown</u> <sup>Town</sup>		<u>Kent</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>2</u>	Month <u>Nov</u>	Day <u>16</u>	Age <u>74</u> <sup>Years</sup>	Months <u>7</u>	Days <u>9</u>
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>New Dover, Del</u>	
Married, Single or Widowed			Occupation <u>Carpenter</u>		
Name of Wife or <del>Husband</del> <u>Georganna Reed</u>					
Father's Name <u>Benj. Reed</u>			Father's Birthplace <u>New Dover</u>		
Mother's Maiden Name <u>Don't Know Miss Rigister</u>			Mother's Birthplace <u>" "</u>		
Name of person giving Information <u>Georganna Reed</u>			How related to deceased <u>Wife</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Bright's Disease</u>	How long <u>120</u>	How long <u>2 months</u>
Immediate <u>Uremia</u>	How long <u>" "</u>	
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>H. Bringe Simmons</u>	
	Address <u>Chestertown</u>	
Accident or Suicide? <u>No.</u>	<u>md</u>	



Name in Full

Certificate of Death

Edna Shart

Town

County

MARYLAND

Died at

Piney Neck

Kent

Cd

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Nov. 14

Age

9.03

Ind.

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Samuel Shart

Mother's  
Maiden Name

Edna Price

Cause of

Primary

Cerebro-Spinal Meningitis

How long sick

9 days

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

W. S. Selby

Address

Rock Hall

Kent Cd.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Emory Sheppard

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Alms House</i>		Town <i>Kent</i>		County <i>Kent</i>		MAYLAND	
Date of death 1902	Month <i>Nov</i>	Day <i>25</i>	Age <i>75</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Maryland</i>				
Married, Single or Widowed <i>Widower</i>		Occupation <i>Laborer</i>					
Name of Wife or Husband <i>_____</i>							
Father's Name <i>_____</i>				Father's Birthplace <i>_____</i>			
Mother's Maiden Name <i>_____</i>				Mother's Birthplace <i>_____</i>			
Name of person giving information <i>Wm Ford</i>				How related to deceased <i>20</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Kidney Trouble</i>	How long <i>for years</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Wm Ford Keper alms House</i>
	Address <i>Chertown Md</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Annie Starling

near Town

County

millington

Kent

MARYLAND

Died at

Month Day

Y. M. D.

Native of

Occupation

Date 1902

11 6

Age

~~Male~~White~~Married~~~~Widow~~~~Divorced~~

Female

Colored

SingleWidowerNumber of children living

Husband of

Wife

Father's

Name

Oliver Starling

Mother's

Maiden Name

Mary M. Starling

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898





Name in Full

Mary M. Starling

Town

County

near Millington

Kent

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

11

13

Age

24

Md

Housewife

~~Male~~~~White~~

Married

~~Widow~~~~Single~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

4

~~Wife~~ of

Oliver Starling

Wife

Father's

Name

Thomas Thompson

Mother's

Maiden Name

Georgie Thompson

Cause of

Primary

Septicæmia

How long sick

8 days

Death

Immediate

Accident Suicide Homicide

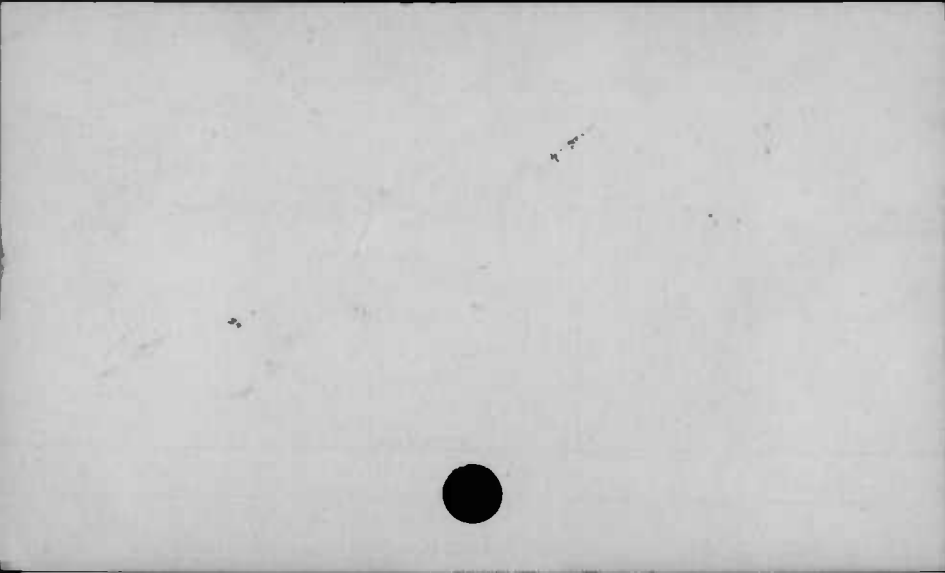
Reported by

Dr. W. F. Jacobs

Address

Millington Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Infant not named Ward

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Near Stearnsville</i>		Town <i>Kent</i>		County		MARYLAND	
Date of death 1902	Month <i>Nov</i>	Day <i>9</i>	Age	Years	Months	Days	<i>10</i>
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Near Stearnsville</i>			
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>				
Name of Wife or Husband <i>—</i>							
Father's Name <i>Wm Ward</i>				Father's Birthplace <i>Cecil Co. Md</i>			
Mother's Maiden Name <i>Mammie Kane</i>				Mother's Birthplace <i>Kent Co Md</i>			
Name of person giving information <i>Hilbur F. Ashley</i>				How related to deceased <i>Uncle</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Ectero colitis</i>	How long <i>105</i>	How long <i>since birth</i>
Immediate <i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>G. Irvin Edmick M.D.</i>	
	Address	
Accident or Suicide?		



Ramon Wicks

Died at *Evesville* Town *Kent* County *MARYLAND*

Date 19 *02* Month *Nov* Day *10* Y. *18* M.  D.  Native of *Ind* Occupation

Male ☒ White ☒ Married ☒ Widow ☒ Divorced ☐  
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living

Husband of

Wife

Father's Name *James Wicks*

Mother's Name *Logia Brooks*

Cause of Death { Primary *Consumption* Immediate *Exhaustion* How long sick *2 years* Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



*Mr. M. Willson*

Died at *Rockface Hunt Co.* MARYLAND  
 Town County  
 Month Day Y. M. D. Native of Occupation

Date 19 *02 Nov. 9* Age *53-1-24* *Mr. Turner*  
 Male White Married Widowed Divorced  
 Female Colored Single Widower Number of children living *4*

Husband of *Archie Willson*  
 Wife

Father's Name *R B Willson* Mother's Maiden Name *Nannie Young*

Cause of Death { Primary *Heart diseases* 79 How long sick *2 days*  
 Immediate *Exhaustion* Accident, Suicide, Homicide

Reported by *W. O. Sully* *MD*

Address *Rockface Hunt Co.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

